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CENTRAL FAX CENTER**TELECOPIER COVER SHEET****JAN 12 2006****January 12, 2006**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Scott M. Getzow Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Response to Restriction Requirement App. No.: 10/702,562 Filed: 11/05/2003 Docket No.: A03P1072 Confirmation No.: 8723	Number of pages being sent: <u>9</u> (including cover page)

PLEASE DELIVER TO EXAMINER S. GETZOW, Art Unit 3762.
Thank you.

JAN 12 2006

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:	Gene A. Bornzin	Confirmation No.	8723
Serial No.:	10/702,562	Examiner:	Scott M. Getzow
Filed:	11/05/2003	Art Unit:	3762
Docket No.:	A03P1072		
For:	IMPLANTABLE CARDIAC DEFIBRILLATION ASSEMBLY INCLUDING A SELF-EVALUATION SYSTEM AND METHOD		

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

X Response to Restriction Requirement
X Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	18	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	4	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$ 0**

X Charge Deposit Account No. **16-0068**
the amount of

\$0**

**A copy of this letter is
enclosed.**

PATENT

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

1/12/06

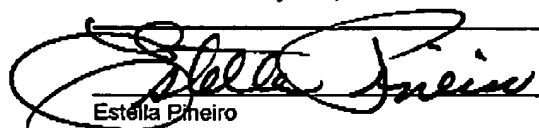


Derrick Reed, Attorney for Applicants
Reg. No. 40,138

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

January 12, 2006



Estella Pineiro

1/12/06
Date

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CENTRAL FAX CENTERPATENT

JAN 12 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

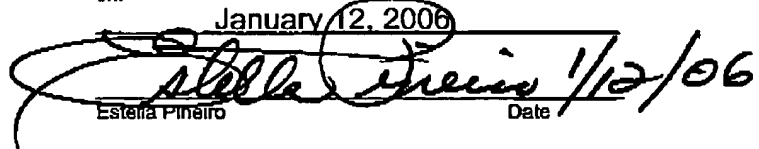
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Serial No.:	10/702,562	Examiner:	Scott M. Getzow
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RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office,
on:

January 12, 2006


Estelita Pineda Date 1/12/06

Dear Sir:

In the Office Action, mailed January 5, 2006, the Examiner required restriction between two inventions, namely Invention I corresponding to claims 1-12 and 14-18, and Invention II corresponding to claim 13. Applicant hereby elects Invention I, corresponding to claims 1-12 and 14-18. This election is made without traverse.

Please amend the application as follows.